

**BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

**In the Matter of the Accusation  
Against:**

**ADHEMAR FERNANDO UYUNI M.D.**

**File No. 800-2015-019281**

**Physician's and Surgeon's  
Certificate No. A97263**

**Respondent**

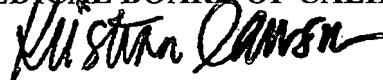
**DECISION**

**The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.**

**This Decision shall become effective at 5:00 p.m. on May 17, 2019.**

**IT IS SO ORDERED April 18, 2019.**

**MEDICAL BOARD OF CALIFORNIA**



**By:**

**Kristina D. Lawson, J.D., Chair  
Panel B**

1 XAVIER BECERRA  
Attorney General of California  
2 JUDITH T. ALVARADO  
Supervising Deputy Attorney General  
3 REBECCA L. SMITH  
Deputy Attorney General  
4 State Bar No. 179733  
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6 Telephone: (213) 269-6475  
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7 *Attorneys for Complainant*

8  
9 **BEFORE THE**  
**MEDICAL BOARD OF CALIFORNIA**  
10 **DEPARTMENT OF CONSUMER AFFAIRS**  
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

13 ADHEMAR FERNANDO UYUNI, M.D.  
14 P.O. Box 6569  
Orange, California 92863

15 Physician's and Surgeon's Certificate  
16 No. A 97263,

17 Respondent.

Case No. 800-2015-019281

OAH No. 2018091073

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

18  
19 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-  
20 entitled proceedings that the following matters are true:

21 **PARTIES**

22 1. Kimberly Kirchmeyer ("Complainant") is the Executive Director of the Medical  
23 Board of California ("Board"). She brought this action solely in her official capacity and is  
24 represented in this matter by Xavier Becerra, Attorney General of the State of California, by  
25 Rebecca L. Smith, Deputy Attorney General.

26 2. Adhemar Fernando Uyuni, M.D. ("Respondent") is represented in this proceeding by  
27 attorney Joel Bruce Douglas, whose address is 355 South Grand Avenue, Suite 1750, Los  
28 Angeles, California 90071.

3. On or about September 8, 2006, the Board issued Physician's and Surgeon's Certificate No. A 97263 to Respondent. The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2015-019281, and will expire on August 31, 2020, unless renewed.

## JURISDICTION

4. Accusation No. 800-2015-019281 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on May 29, 2018. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2015-019281 is attached as Exhibit A and incorporated herein by reference.

## ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2015-019281. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

## CULPABILITY

9. Respondent does not contest that, at an administrative hearing, Complainant could establish a prima facie case with respect to the charges and allegations contained in Accusation No. 800-2015-019281 and that he has thereby subjected his license to disciplinary action.

10. Respondent agrees that his Physician's and Surgeon's Certificate is subject to discipline and he agrees to be bound by the imposition of discipline by the Board as set forth in the Disciplinary Order below.

## CONTINGENCY

11. This stipulation shall be subject to approval by the Medical Board of California. Respondent understands and agrees that counsel for Complainant and the staff of the Medical Board of California may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or his counsel. By signing the stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

12. The parties understand and agree that Portable Document Format (“PDF”) and facsimile copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.

13. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

## DISCIPLINARY ORDER

**A. PUBLIC REPRIMAND.**

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 97263 issued to Respondent Adhemar Fernando Uyuni, M.D. is publicly reprimanded pursuant to California Business and Professions Code section 2227, subdivision (a)(4). This Public Reprimand, which is issued in connection with Respondent's care and treatment of Patient 1 as set forth in Accusation No. 800-2015-019281, is as follows:

///

1 On August 25, 2015, you committed acts constituting negligence in violation  
2 of Business and Professions Code section 2234, subdivision (b), in your care  
3 and treatment of patient A, by failing to order a urinalysis following a  
4 positive urine dip for blood, protein and leukocytes, as set forth in  
5 Accusation No. 800-2015-019281.

6 **B. EDUCATION COURSE.** Within sixty (60) calendar days of the effective date of  
7 this Decision, Respondent shall submit to the Board or its designee for its prior approval  
8 educational program(s) or course(s) which shall not be less than twenty (20) hours. The  
9 educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or  
10 knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at  
11 Respondent's expense and shall be in addition to the Continuing Medical Education ("CME")  
12 requirements for renewal of licensure. Following the completion of each course, the Board or its  
13 designee may administer an examination to test Respondent's knowledge of the course.  
14 Respondent shall provide proof of attendance for twenty (20) hours of CME in satisfaction of this  
15 condition.

16 Respondent shall submit a certification of successful completion to the Board or its  
17 designee not later than fifteen (15) calendar days after successfully completing the educational  
18 program(s) or course(s), or not later than fifteen (15) calendar days after the effective date of the  
19 Decision, whichever is later.

20 If Respondent fails to enroll, participate in, or successfully complete the educational  
21 program(s) or course(s) within the designated time period, Respondent shall receive a notification  
22 from the Board or its designee to cease the practice of medicine within three (3) calendar days  
23 after being so notified. Respondent shall not resume the practice of medicine until enrollment or  
24 participation in the educational program(s) or course(s) has been completed. Failure to  
25 successfully complete the educational program(s) or course(s) outlined above shall constitute  
26 unprofessional conduct and is grounds for further disciplinary action.

27 ///

28 ///

1       **C. MEDICAL RECORD KEEPING COURSE.** Within sixty (60) calendar days of the  
2 effective date of this Decision, Respondent shall enroll in a course in medical record keeping  
3 approved in advance by the Board or its designee. Respondent shall provide the approved course  
4 provider with any information and documents that the approved course provider may deem  
5 pertinent. Respondent shall participate in and successfully complete the classroom component of  
6 the course not later than six (6) months after Respondent's initial enrollment. Respondent shall  
7 successfully complete any other component of the course within one (1) year of enrollment. The  
8 medical record keeping course shall be at Respondent's expense and shall be in addition to the  
9 Continuing Medical Education ("CME") requirements for renewal of licensure.

10       A medical record keeping course taken after the acts that gave rise to the charges in the  
11 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board  
12 or its designee, be accepted towards the fulfillment of this condition if the course would have  
13 been approved by the Board or its designee had the course been taken after the effective date of  
14 this Decision.

15       Respondent shall submit a certification of successful completion to the Board or its  
16 designee not later than fifteen (15) calendar days after successfully completing the course, or not  
17 later than fifteen (15) calendar days after the effective date of the Decision, whichever is later.

18       If Respondent fails to enroll, participate in, or successfully complete the medical record  
19 keeping course within the designated time period, Respondent shall receive a notification from  
20 the Board or its designee to cease the practice of medicine within three (3) calendar days after  
21 being so notified. Respondent shall not resume the practice of medicine until enrollment or  
22 participation in the medical record keeping course has been completed. Failure to successfully  
23 complete the medical record keeping course outlined above shall constitute unprofessional  
24 conduct and is grounds for further disciplinary action.

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DATED: 3-1-19

DATED: 8/1/19

**STIPULATED SETTLEMENT (800-2015-019281)**

**Exhibit A**

**Accusation No. 800-2015-019281**



1 XAVIER BECERRA  
Attorney General of California  
2 ROBERT MCKIM BELL  
Supervising Deputy Attorney General  
3 MARGARET J. PHE  
Deputy Attorney General  
4 State Bar No. 207205  
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5 300 South Spring Street, Suite 1702  
Los Angeles, CA 90013  
6 Telephone: (213) 269-6443  
Facsimile: (213) 897-9395  
7 Attorneys for Complainant

8 **BEFORE THE**  
9 **MEDICAL BOARD OF CALIFORNIA**  
10 **DEPARTMENT OF CONSUMER AFFAIRS**  
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

Case No. 800-2015-019281

13 ADHEMAR FERNANDO UYUNI, M.D.

**A C C U S A T I O N**

14 Post Office Box 6569  
Orange, California 92863

15 Physician's and Surgeon's Certificate A 97263,  
16 Respondent.

17  
18 Complainant alleges:

19 **PARTIES**

20 1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official  
21 capacity as the Executive Director of the Medical Board of California (Board).

22 2. On September 8, 2006, the Board issued Physician's and Surgeon's Certificate  
23 Number A 97263 to Adhemar Fernando Uyuni, M.D. (Respondent). That license was in full  
24 force and effect at all times relevant to the charges brought herein and will expire on August 31,  
25 2018, unless renewed.

26 **JURISDICTION**

27 3. This Accusation is brought before the Board under the authority of the following  
28 laws. All section references are to the Business and Professions Code (Code) unless otherwise

1 indicated.

2 4. Section 2227 of the Code states:

3 “(a) A licensee whose matter has been heard by an administrative law judge of the Medical  
4 Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default  
5 has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary  
6 action with the board, may, in accordance with the provisions of this chapter:

7 “(1) Have his or her license revoked upon order of the board.

8 “(2) Have his or her right to practice suspended for a period not to exceed one year upon  
9 order of the board.

10 “(3) Be placed on probation and be required to pay the costs of probation monitoring upon  
11 order of the board.

12 “(4) Be publicly reprimanded by the board. The public reprimand may include a  
13 requirement that the licensee complete relevant educational courses approved by the board.

14 “(5) Have any other action taken in relation to discipline as part of an order of probation, as  
15 the board or an administrative law judge may deem proper.

16 “(b) Any matter heard pursuant to subdivision (a), except for warning letters, medical  
17 review or advisory conferences, professional competency examinations, continuing education  
18 activities, and cost reimbursement associated therewith that are agreed to with the board and  
19 successfully completed by the licensee, or other matters made confidential or privileged by  
20 existing law, is deemed public, and shall be made available to the public by the board pursuant to  
21 Section 803.1.”

22 5. Section 2234 of the Code, states:

23 “The board shall take action against any licensee who is charged with unprofessional  
24 conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not  
25 limited to, the following:

26 “(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the  
27 violation of, or conspiring to violate any provision of this chapter.

28 “(b) Gross negligence.

“(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

“(1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

“(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.

“(d) Incompetence.

“(e) The commission of any act involving dishonesty or corruption which is substantially related to the qualifications, functions, or duties of a physician and surgeon.

“(f) Any action or conduct which would have warranted the denial of a certificate.

“(g) The practice of medicine from this state into another state or country without meeting the legal requirements of that state or country for the practice of medicine. Section 2314 shall not apply to this subdivision. This subdivision shall become operative upon the implementation of the proposed registration program described in Section 2052.5.

“(h) The repeated failure by a certificate holder, in the absence of good cause, to attend and participate in an interview by the board. This subdivision shall only apply to a certificate holder who is the subject of an investigation by the board.”

6. Section 2266 of the Code states: "The failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct."

## FACTUAL SUMMARY

7. At all times relevant herein, Respondent worked as a physician at Cudahy Medical Clinic located at 4566 East Florence Avenue, in Cudahy, California.

1           8.     On or about August 25, 2015, Respondent saw Patient A,<sup>1</sup> then a three-year-old  
2 female, as an outpatient at Cudahy Medical Clinic. Patient A's chief complaint was abdominal  
3 pain and vomiting, which had started on the day of the visit. The physical exam yielded normal  
4 results except for discomfort in the epigastrium (upper stomach area). Respondent diagnosed  
5 Patient A with "vomiting," prescribed her Phenergan liquid,<sup>2</sup> and recommended hydration with  
6 electrolyte-replacement solution (Pedialyte) and a prescription of Zantac liquid.<sup>3</sup> Patient A's  
7 parents were instructed to bring her back to the clinic if her condition did not improve or  
8 worsened. A future appointment was scheduled for May 17, 2016, for routine pediatric care.  
9 Respondent handwrote additional comments in the patient chart, including return precautions, but  
10 the notations are illegible.

11           9.     As part of his workup for vomiting, Respondent verbally requested a urine test for  
12 Patient A. The in-office urine dip result was negative for glucose,<sup>4</sup> bilirubin,<sup>5</sup> urobilinogen,<sup>6</sup>

16           <sup>1</sup> The patient is referred to as Patient A to protect her privacy.

17           <sup>2</sup> Promethazine is an orally administered anti-nausea and vomiting medication.

18           <sup>3</sup> Generic ranitidine is an oral medication to reduce stomach acidity.

19           <sup>4</sup> Glucose also known as dextrose is a simple sugar (monosaccharide) that is used to  
20 increase the level of blood sugar (glucose) when the level falls too low (hypoglycemia). Glucose  
21 in this form increases the level of the blood sugar, so it is a glucose-elevating agent. Other  
22 glucose-elevating agents are diazoxide (Proglycem) and glucagon. It is the primary fuel used by  
23 most cells in the body to generate the energy that is needed to carry out cellular functions. When  
24 glucose levels fall to hypoglycemic levels, cells cannot function normally, and symptoms develop  
25 such as nervousness, cool skin, headache, confusion, convulsions, or coma. Ingested glucose is  
26 absorbed directly into the blood from the intestine and results in a rapid increase in the blood  
27 glucose level.

24           <sup>5</sup> Bilirubin is a bile pigment that is orange-yellow in color. It is formed during the normal  
25 breakdown of red blood cells (hemoglobin), and is excreted in the bile. Bilirubin can be  
26 classified as indirect (free or unconjugated) while it is circulating and is considered as direct after  
27 conjugation in the liver with glucuronic acid.

27           <sup>6</sup> Urobilinogen is a colorless by-product of bilirubin reduction. It is formed in the  
28 intestines by bacterial action on bilirubin. About half of the urobilinogen formed is reabsorbed  
and taken up via the portal vein to the liver, enters circulation and is excreted by the kidney.

1 nitrites<sup>7</sup> and ketones,<sup>8</sup> but positive for blood,<sup>9</sup> protein<sup>10</sup> and leukocytes.<sup>11</sup> Respondent initialed  
2 that he had reviewed these results on the date of the visit, but did not reference the urine in his  
3 progress note on August 25, 2015. Respondent also submitted the urine for urine culture and the  
4 result was mixed urogenital flora. Despite this finding, Respondent did not order a urinalysis on  
5 that day.

6 10. On November 12, 2015, Patient A returned to Respondent's office. Her chief  
7 complaints were fever, sore throat, and vomiting for one day. Although the reports reference a  
8 negative in-office rapid strep throat test, Respondent did not include any notes in the subjective  
9 area of the patient's progress note. The patient had some palpable lymph nodes in the neck and  
10 an erythematous throat, but otherwise had a normal physical exam including a normal abdominal  
11 exam. The patient was diagnosed with "flu like illness" and prescribed Phenergan, Pedialyte, and  
12 Tylenol,<sup>12</sup> and her parents were again instructed to return if Patient A's condition did not improve  
13 or worsened.

14 11. The following day, on November 13, 2015, Patient A's father noticed that his  
15 daughter lacked energy and was unable to walk. He took his daughter to the emergency room at

16 <sup>7</sup> A urinalysis, also called a urine test, can detect the presence of nitrites in the urine.  
17 Normal urine contains chemicals called nitrates. If bacteria enter the urinary tract, nitrates can  
18 turn into different, similarly named chemicals called nitrites. Nitrites in urine may be a sign of a  
19 urinary tract infection (UTI).

20 <sup>8</sup> Ketones are made when the body turns fat into energy, which happens when the body  
21 does not have enough insulin to turn sugar into energy. Ketones are released into the blood, and  
22 the kidneys dispose of ketones in the urine.

23 <sup>9</sup> Hematuria is the medical term for blood in the urine. Several different conditions and  
24 diseases can cause hematuria. These include infections, kidney disease, cancer, and rare blood  
25 disorders.

26 <sup>10</sup> Protein in the urine, also called proteinuria, is often a sign of kidney problems, or an  
27 overproduction of proteins by the body. Healthy kidneys only pass a small amount of protein  
28 through their filters.

<sup>11</sup> Leukocytes or white blood cells are a part of the immune system. They help to protect  
the body against foreign invaders and infectious diseases. The cells are produced and stored in  
various locations throughout the body, including the thymus, spleen, and bone marrow.  
Leukocytes travel throughout the body moving between the organs and nodes. Only low levels of  
leukocytes, if any, are normally found in the urine. Large numbers of leukocytes in the urine may  
indicate an infection or other underlying medical problem.

<sup>12</sup> Generic acetaminophen liquid is an oral fever-reducer and pain reliever.

1 PIH Downey Hospital, where the patient was diagnosed with septic shock. Patient A was then  
2 transferred to Miller Children's and Women's Hospital of Long Beach and treated for bacteremia.  
3 It was discovered that Patient A had a severe kidney infection. She was hospitalized for twenty  
4 days with a high fever. Thereafter, she was discharged home and required to continue receiving  
5 intravenous fluids from home due to the severity of the infection.

#### 6 STANDARD OF CARE

7 12. The standard of care for patients who exhibit an abnormal urine screen test ("urine  
8 dip") is that the physician will note the results and comment on their significance in the medical  
9 record, taking into consideration several clinical factors. The appropriate clinical response to a  
10 positive urine dip varies depending on patient factors. If the patient is a febrile child and/or a  
11 child with symptoms concerning for a urinary tract infection, the urine specimen must be sent for  
12 both urinalysis (including a microscopic evaluation) and urine culture to guide additional  
13 diagnostic steps as well as any necessary treatments.

14 13. The standard of care for medical practice is to keep timely, accurate and legible  
15 medical records. For an office visit, the notes should include a detailed history of the present  
16 illness and/or status of chronic conditions. The documentation should reflect up-to-date  
17 medication lists or a reference to where subsequent care providers can find accurate medication  
18 reconciliation for that visit as appropriate. The physical exam notes should include relevant vital  
19 signs and clearly describe any normal or abnormal physical findings relevant to the presenting  
20 complaint(s) and medical history. Interpretations of diagnostic tests used in medical decision  
21 making should be noted. All diagnoses made or addressed at that visit should be documented  
22 along with any further diagnostic and/or treatment plans. Medical records should include only  
23 generally accepted abbreviations.

#### 24 FIRST CAUSE FOR DISCIPLINE

25 (Gross Negligence)

26 14. Respondent is subject to disciplinary action under section 2234, subdivision (b) of the  
27 Code in that Respondent was grossly negligent in his care and treatment of Patient A.

28 15. The circumstances set forth in paragraphs 7 through 13 above are incorporated by

1 reference as if fully set forth herein.

2 16. On or about August 25, 2015, Respondent failed to order a urinalysis, along with the  
3 urine culture, to seek a definitive explanation for the significant abnormalities in Patient A's urine  
4 dip.

5 **SECOND CAUSE FOR DISCIPLINE**

6 (Failure to Maintain Adequate and Accurate Records)

7 17. By reason of the facts set forth in paragraphs 7 through 13, Respondent is subject to  
8 disciplinary action under section 2266 of the Code, in that he failed to maintain adequate and  
9 accurate records relating to his provision of medical services to Patient A.

10 **PRAYER**

11 **WHEREFORE**, Complainant requests that a hearing be held on the matters herein alleged,  
12 and that following the hearing, the Medical Board of California issue a decision:

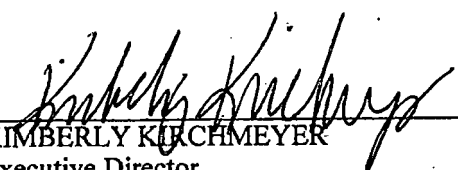
13 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 97263,  
14 issued to Adhemar Fernando Uyuni, M.D.;

15 2. Revoking, suspending or denying approval of his authority to supervise physician  
16 assistants and advanced practice nurses;

17 3. If placed on probation, ordering him to pay the Board the costs of probation  
18 monitoring; and

19 4. Taking such other and further action as deemed necessary and proper.

20  
21 DATED: May 29, 2018

  
KIMBERLY KIRCHMEYER  
Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California

24 *Complainant*